

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16768

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Oscar Wilson

3. (b) If veteran, name war. None 3. (c) Social Security No. 498-10-5547

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Pansy Wilson 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 10, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
39 9 16hr.min.

9. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business

12. Name Jonas Wilson

13. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Malissa Crews

15. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Smith

(b) Address Lutesville, Missouri

17. (a) Removal (b) Date thereof 5/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.,

19. (a) MAY 27 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2849 Magnolia Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death
Gunshot wound in rt temple; self-inflicted at
Due to 2634 Sherokel St. on
May 26th 1943 at about
Due to 5:15 P.M.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence May 26th 1943
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home

While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred J. Perry L.D.S. (M. D. or other)

Address Deputy Coroner Date signed 5/27/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23 1946

NOV 24 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert G. Glass

Licensed Embalmer No. *3971*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.